

FORM B1		United States Bankruptcy Court WESTERN District of NEW YORK		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): <i>Curry, Monica Scott</i>		Name of Joint Debtor (Spouse)(Last, First, Middle):																			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <i>aka Monica Gerene Curry aka Monica G. Curry</i> <i>aka Monica Jurene Curry aka Monica J. Curry</i> <i>aka Monica G. Scott</i> <i>aka Monica J. Scott</i>		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																			
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) <i>7000</i>		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																			
Street Address of Debtor (No. & Street, City, State & Zip Code): <i>11 Sterling Square</i> <i>Rochester NY 14616</i>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																			
County of Residence or of the Principal Place of Business: Monroe		County of Residence or of the Principal Place of Business:																			
Mailing Address of Debtor (if different from street address): <i>SAME</i>		Mailing Address of Joint Debtor (if different from street address):																			
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																					
Information Regarding the Debtor (Check the Applicable Boxes)																					
<p>Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																					
<p>Type of Debtor (Check all boxes that apply)</p> <p><input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other <input type="checkbox"/> Clearing Bank</p>			<p>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>																		
<p>Nature of Debts (Check one box)</p> <p><input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business</p>			<p>Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>																		
<p>Chapter 11 Small Business (Check all boxes that apply)</p> <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</p>																					
<p>Statistical/Administrative Information (Estimates only)</p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>			THIS SPACE IS FOR COURT USE ONLY																		
Estimated Number of Creditors		1-15 <input type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-over <input type="checkbox"/>																			
<p>Estimated Assets</p> <table> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<p>Estimated Debts</p> <table> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <i>Monica Scott Curry</i>	FORM B1, Page 2
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Monica Scott Curry

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

10/12/2005

Date

Signature of Attorney**X** /s/ Joseph D. Rinere

Signature of Attorney for Debtor(s)

Joseph D. Rinere

Printed Name of Attorney for Debtor(s)

Joseph D. Rinere, Esq.

Firm Name

798 Executive Office Building

Address

36 West Main StreetRochester NY 14614585-454-593010/12/2005

Telephone Number

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

 Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ Joseph D. Rinere 10/12/2005

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

 Yes, and exhibit C is attached and made a part of this petition. No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

In re **Monica Scott Curry**Case No.
Chapter 7

aka Monica Gerene Curry aka Monica G. Curry
aka Monica Jurene Curry aka Monica J. Curry
aka Monica G. Scott
aka Monica J. Scott

/ Debtor

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business.

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<u>AMOUNT</u>	<u>SOURCE (if more than one)</u>
Year to date: \$12,127.15	2005: Rochester General Hospital
Last Year: \$ 7,937.00	2004: Southerland Group - \$6,123.00, Express Personal
Year before: \$ 9,820.75	Service \$796.00, Pro-Park-\$410.00, Rochester General Hospital - \$380.00, and Telecomp, Inc. - \$228.00
	2003: Southerland Group -\$2,765.70, Medical Motor Service - \$2,716.96, Laidlaw - \$2,214.75, Kelly Services - \$907.26, Superior Staffing \$548.00, A & E Transport- \$332.07, Essex Partners, Inc. - \$300.01, and Employee Relations Assoc. -\$36.00

2. Income other than from employment or operation of business.

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

3. Payments to creditors.

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

4. Suits and administrative proceedings, executions, garnishments and attachments.

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

5. Repossessions, foreclosures and returns.

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

6. Assignments and receiverships.

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

7. Gifts.

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

8. Losses.

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

9. Payments related to debt counseling or bankruptcy.

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

<u>NAME AND ADDRESS OF PAYEE</u>	<u>DATE OF PAYMENT,</u>	<u>AMOUNT OF MONEY OR</u>
	<u>NAME OF PAYOR IF OTHER THAN DEBTOR</u>	<u>DESCRIPTION AND VALUE OF PROPERTY</u>
<i>Payee: Joseph D. Rinere</i>	<i>Date of Payment:</i>	<i>\$400.00</i>
<i>Address:</i>		
<i>798 Executive Office Building</i>		
<i>36 West Main Street</i>		
<i>Rochester, NY 14614</i>		
	<i>Payor: Monica Scott Curry</i>	

10. Other transfers.

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

11. Closed financial accounts.

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

12. Safe deposit boxes.

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

13. Setoffs.

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

14. Property held for another person.

List all property owned by another person that the debtor holds or controls.

NONE

15. Prior address of debtor.

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

<u>ADDRESS</u>	<u>NAME USED</u>	<u>DATES OF OCCUPANCY</u>
Debtor: Monica Scott Curry Address: 10 Ramona Park, Apt. B, Rochester, NY 14615	Name(s): Monica Gerene Curry	2003-2004
Debtor: Monica Curry Address: 3008- Apt. 1 Brockport Road, Spencerport, NY 14559	Name(s): David & Monica Curry	2002-2003

16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the six-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NONE

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, release of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

NONE

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NONE

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of Perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/12/2005

Signature /s/ Monica Scott Curry
Monica Scott Curry

Date _____

Signature _____

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both, 18 U.S.C. § 152 and § 3571.

In re Monica Scott Curry / Debtor Case No. _____
 (if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C-Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Current Market Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption		Amount of Secured Claim
		Husband--H Wife--W Joint--J Community--C		
None				None

TOTAL \$ **0.00**

(Report also on Summary of Schedules.)

No continuation sheets attached

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C-Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases. If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Market Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Checking Account with Bank of America, 1685 Howard Road, Rochester, NY</i> <i>Location: In debtor's possession</i>		\$ 0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		<i>Current Landlord : Schultz Management, 1 Marburger Street, Rochester, NY 14621; Tel.: (585) 266-7190. Lease from 1/2005-12/31/2005</i> <i>Location: In debtor's possession</i>		\$ 0.00
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Household goods and furnishings, 2 twin beds, 1 queen bed, 1 dresser, 1 bed trunk, 1 couch, 1 chair, 1 sofa table, 1 curio cabinet, 1 dining room table with chairs; blender, toaster, coffee maker, microwave, ice tea maker, can opener, computer and printer</i> <i>Location: In debtor's possession</i>		\$ 600.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X	<i>Wearing apparel</i> <i>Location: In debtor's possession</i>		\$ 100.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Current Market Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
15. Accounts Receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers and other vehicles.		Automobile Lease; 2000 Mercury with 6 cylinder, power windows, locks, steering, air conditioning, automatic transmission, having 108,000 plus miles Location: In debtor's spouse's possession	J	Unknown
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Current Market Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
27. Machinery, fixtures, equipment and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			

In re

Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

 11 U.S.C. § 522(b) (1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states. 11 U.S.C. § 522(b) (2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemptions
<i>Checking Account</i>	<i>N.Y. Banking Law §407</i>	\$ 0.00	\$ 0.00
<i>Schultz Management</i>	<i>N.Y. Civ. Prac. Law and Rules §5205(g)</i>	\$ 0.00	\$ 0.00
<i>Household goods and furnishings</i>	<i>N.Y. Civ. Prac. Law and Rules §5205(a)(5)</i>	\$ 600.00	\$ 600.00
<i>Wearing apparel</i>	<i>N.Y. Civ. Prac. Law and Rules §5205(a)</i>	\$ 100.00	\$ 100.00

In re Monica Scott Curry / Debtor Case No. _____
(if known)

SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	C o d e b t o J--Joint r C-Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Amount of Claim Without Deducting Value of Collateral			Unsecured Portion, if any
			C o n t i n g e n t	U n l i q u i t e d	D i s p u t e d	
Account No: 0777	X	J 3/15/05 Auto Lease Value: \$ 0.00				\$ 5,699.00
<i>Creditor # : 1 Credit Acceptance Corporation Walter Coats-Cre 25505 W 12 Mile Rd Southfield MI 48234</i>		<i>Credit Acceptance Corp PO Box 55000, Dept 18801 Detroit MI 48255-1888</i>				
Account No: 0777		Value:				
<i>Representing: Credit Acceptance Corporation</i>						
Account No:						
Account No:						
Account No:						

No continuation sheets attached

Subtotal \$	5,699.00
(Total of this page)	
Total \$	5,699.00

(Use only on last page. Report total also on Summary of Schedules)

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

Alimony, Maintenance or Support

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY *Taxes and Certain Other Debts Owed to Governmental Units*

Creditor's Name and Mailing Address including Zip Code	C o d e b t o o r	Date Claim was Incurred, and consideration for Claim	C o n t i n g e n t	U n i q u i d e d	D i s p u t e d	Total Amount of Claim	Amount Entitled to Priority
Account No: 7000 <i>Creditor # : 1 NYS Department of Labor Claims Service PO Box 611 Albany NY 12201-0611</i>		4/18/2003 <i>Overpayment</i>				\$ 2,076.00	\$ 2,076.00
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							

Sheet No. 1 of 1 continuation sheets attached to

Schedule of Creditors

Subtotal \$ 2,076.00
 (Total of this page)
 Case 2-05-26194-JCN, Doc 1, Filed 10/12/05, Entered 10/12/05 12:52:49,
 (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules.)
 Description: Main Document , Page 15 of 58

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u a r t e d	D i s p u t e d	Amount of Claim
Account No: 7676		2/2005 <i>Utility Bills</i> Client Acct: 0109445510				\$ 411.73
<i>Creditor # : 1</i> <i>Asset Acceptance Corp</i> <i>PO Box 2036</i> <i>Warren MI 48090-9931</i>						
Account No: 7676		<i>Sprint PCS</i> <i>2001 Edmund Alley Dr</i> <i>Reston VA 20191</i>				
<i>Representing:</i> <i>Asset Acceptance Corp</i>						
Account No: 9013		2/7/05 <i>Credit Card Purchases</i> <i>Purchased Original Creditor:</i> <i>WFFNB/NY & Co. w/Acct ending in 3117</i>				\$ 228.40
<i>Creditor # : 2</i> <i>Asset Acceptance LLC</i> <i>PO Box 44426</i> <i>Baltimore MD 21236-6426</i>						
Account No: 4006		1993 <i>Statement of Account</i> <i>Balance as of 7/2/05</i> <i>Asset Acceptance ending 7212</i>				\$ 2,070.80
<i>Creditor # : 3</i> <i>Bally Total Fitness</i> <i>PO Box 1070</i> <i>Norwalk CA 90651-1070</i>						
<i>26 continuation sheets attached</i>						Subtotal \$
						2,710.93
						(Total of this page)
						Total \$
						(Report total also on Summary of Schedules)

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	Code b o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: 4006 Representing: Bally Total Fitness		Asset Acceptance LLC PO Box 2036 Warren MI 48090-2036				
Account No: 7887 Creditor # : 4 Bureau of Parking Violations City of Rochester, NY 42 South Avenue Rochester NY 14604-1794		7/11/03 Parking Tickets Ticket #: 54640950 and 54964755				\$ 150.00
Account No: 1601 Creditor # : 5 Bureau of Parking Violations City of Rochester, NY 42 South Avenue Rochester NY 14604-1794		 Parking Tickets The Credit Bureau #: 4489200				\$ 65.00
Account No: 1601 Representing: Bureau of Parking Violations		 The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607				
Account No: 1601 Creditor # : 6 Bureau of Parking Violations City of Rochester, NY 42 South Avenue Rochester NY 14604-1794		 Parking Tickets The Credit Bureau #: 2399643				\$ 55.00
Account No: 1601 Representing: Bureau of Parking Violations		 The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607				

Sheet No. 1 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

270.00

Total \$
(Report total also on Summary of Schedules)

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 2364		11/03/03 <i>Parking Tickets</i> <i>Mercantile Ref#:</i> 4482676				\$ 25.00
<i>Creditor # : 7</i> <i>Bureau of Parking Violations</i> <i>City of Rochester, NY</i> <i>42 South Avenue</i> <i>Rochester NY 14604-1794</i>						
Account No: 2364		<i>Mercantile Adjustment Bureau</i> <i>PO Box 9315A</i> <i>Rochester NY 14604</i>				
<i>Representing:</i> <i>Bureau of Parking Violations</i>						
Account No: 2447		2/2004 <i>Credit Card Purchases</i>				\$ 700.00
<i>Creditor # : 8</i> <i>Capital One Bank</i> <i>4851 Cox Rd. #1203</i> <i>Glen Allen VA 23060</i>						
Account No: 2447		<i>Allied Interstate, Inc.</i> <i>PO Box 361774</i> <i>Columbus OH 43236</i>				
<i>Representing:</i> <i>Capital One Bank</i>						
Account No: 0431		9/1990 <i>Credit Card Purchases</i> <i>Frank, Goldstein & Nager Acct:</i> <i>131113-A</i>				\$ 1,827.76
<i>Creditor # : 9</i> <i>Chase Manhattan Bank, USA, N.A</i> <i>Attn: R. Smith, VP & Counsel</i> <i>One Chase Square</i> <i>Rochester NY 14643</i>						
Account No: 0431		<i>Frank, Frank, Goldstein & Nage</i> <i>460 Park Avenue South</i> <i>New York NY 10016</i>				
<i>Representing:</i> <i>Chase Manhattan Bank, USA, N.A</i>						
Sheet No. 2 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
					Subtotal \$	2,552.76
					(Total of this page)	
					Total \$	
					(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 1955 <i>Creditor # : 10 Chase Manhattan Bank, USA, N.A Attn: R. Smith, VP & Counsel One Chase Square Rochester NY 14643</i>		12/1990 <i>Credit Card Purchases</i>				\$ 1,000.00
Account No: 8430 <i>Creditor # : 11 Chrysler Financial Payment Cen PO Box 551080 Jacksonville FL 32255</i>		3/1997 <i>Auto</i>				\$ 542.00
Account No: 4935 <i>Creditor # : 12 Corporate Collection Svc 23220 Chagrin Blvd., 4th FL Beachwood OH 44122-5408</i>		2/2003 <i>Utility Bills</i> <i>Original Creditor: Optel Cable Tampa</i>				\$ 98.00
Account No: 6749 <i>Creditor # : 13 Credit Acceptance Corporation Walter Coats-Cre 25505 W 12 Mile Rd Southfield MI 48122</i>		6/1999 <i>Auto</i> <i>Auto repossession</i>				\$ 5,160.00
Account No: 0001 <i>Creditor # : 14 Direct Loans Svc System PO Box 4609 Utica NY 13504-4609</i>		5/1996 <i>Student Loan</i>				\$ 22,250.00
Account No: 0136 <i>Creditor # : 15 ESL Federal Credit Union 100 Kings Highway South Suite 1200 Rochester NY 14617-5598</i>		7/25/02 <i>Bad Check</i> <i>CK 113 Issued to Staples 71</i>				Unknown

Sheet No. 3 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	29,050.00
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 0136 <i>Creditor # : 16 ESL Federal Credit Union 100 Kings Highway South Suite 1200 Rochester NY 14617-5598</i>		7/24/02 <i>Bad Check</i> <i>CK 112 Issued to Staples 71</i>				<i>Unknown</i>
Account No: 1698 <i>Creditor # : 17 Frontier Telephone of Rochester Bankruptcy Administrator 180 S. Clinton Ave. Rochester NY 14646-0300</i>		<i>Utility Bills</i> <i>The Credit Bureau #: 2252208</i>				\$ 162.78
Account No: 1698 <i>Representing: Frontier Telephone of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 6207 <i>Creditor # : 18 Frontier Telephone of Rochester Bankruptcy Administrator 180 S. Clinton Ave. Rochester NY 14646-0300</i>		<i>Utility Bills</i> <i>The Credit Bureau #: 3847022</i>				\$ 70.29
Account No: 6207 <i>Representing: Frontier Telephone of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 6503 <i>Creditor # : 19 Frontier Telephone of Rochester Bankruptcy Administrator 180 S. Clinton Ave. Rochester NY 14646-0300</i>		8/13/04 <i>Utility Bills</i> <i>Mercantile Ref #: 5725024</i>				\$ 334.31

Sheet No. 4 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	567.38
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: 6503						
Representing: Frontier Telephone of Rochester		Mercantile Adjustment Bureau PO Box 9315A Rochester NY 14604				
Account No: 1125		5/2004 Utility Bills Frontier NY Ogden The Credit Bureau #4255350				\$ 176.96
Creditor # : 20 Frontier Telephone of Rochester Bankruptcy Administrator 180 S. Clinton Ave. Rochester NY 14646-0300						
Account No: 1125		The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607				
Representing: Frontier Telephone of Rochester						
Account No: 0986		2/2004 Utility Bills Frontier NY Ogden The Credit Bureau 4131559				\$ 112.55
Creditor # : 21 Frontier Telephone of Rochester Bankruptcy Administrator 180 S. Clinton Ave. Rochester NY 14646-0300						
Account No: 0986		The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607				
Representing: Frontier Telephone of Rochester						
Account No: 0059		12/19/04 Medical Bills				\$ 25.00
Creditor # : 22 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782						

Sheet No. 5 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0096 <i>Creditor # : 23 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782</i>		7/31/04 <i>Medical Bills The Credit Bureau #: 4497521</i>				\$ 25.00
Account No: 0096 <i>Representing: Highland Hospital of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 2660 <i>Creditor # : 24 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782</i>		9/15/02 <i>Medical Bills The Credit Bureau #: 3975695</i>				\$ 100.00
Account No: 2660 <i>Representing: Highland Hospital of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 0009 <i>Creditor # : 25 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782</i>		12/2003 <i>Medical Bills The Credit Bureau # 4102005</i>				\$ 100.00
Account No: 0009 <i>Representing: Highland Hospital of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				

Sheet No. 6 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	225.00
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0087 <i>Creditor # : 26 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782</i>		12/13/02 <i>Medical Bills The Credit Bureau #3975696</i>				\$ 50.00
Account No: 0087 <i>Representing: Highland Hospital of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 0477 <i>Creditor # : 27 Highland Hospital of Rochester Patient Accounts-Box 76 1000 South Avenue Rochester NY 14620-2782</i>		11/11/03 <i>Medical Bills The Credit Bureau #: 4286823</i>				\$ 25.00
Account No: 0477 <i>Representing: Highland Hospital of Rochester</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 4060 <i>Creditor # : 28 I C System Collections PO Box 64378 St. Paul MN 55164-0378</i>		9/2002 <i>Medical Bills</i>				\$ 55.00
Account No: 4060 <i>Representing: I C System Collections</i>		<i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Sheet No. 7 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page)	130.00
					Total \$ (Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 9139 <i>Creditor # : 29 I C System Collections PO Box 64378 St. Paul MN 55164-0378</i>		2/2002 <i>Medical Bills</i>				\$ 195.00
Account No: 9139 <i>Representing: I C System Collections</i>		<i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Account No: 1539 <i>Creditor # : 30 I.C. Systems, Inc. 444 Highway 96 East PO Box 64887 St. Paul MN 55164-0887</i>		2/20/02 <i>Medical Bills Strong File 6151961</i>				\$ 130.00
Account No: 1539 <i>Representing: I.C. Systems, Inc.</i>		<i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Account No: 0519 <i>Creditor # : 31 I.C. Systems, Inc. 444 Highway 96 East PO Box 64887 St. Paul MN 55164-0887</i>		4/2/04 <i>Medical Bills Strong File 6151961</i>				\$ 80.00
Account No: 0519 <i>Representing: I.C. Systems, Inc.</i>		<i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>				

Sheet No. 8 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	405.00
Total \$ (Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0519		2/2/05 <i>Medical Bills</i> <i>Strong Health 7085170</i>				\$ 20.00
<i>Creditor # : 32</i> <i>I.C. Systems, Inc.</i> <i>444 Highway 96 East</i> <i>PO Box 64887</i> <i>St. Paul MN 55164-0887</i>						
Account No: 0519		<i>Strong Health</i> <i>PO Box 278998</i> <i>Rochester NY 14627-8998</i>				
<i>Representing:</i> <i>I.C. Systems, Inc.</i>						
Account No: 0519		10/13/04 <i>Medical Bills</i> <i>Strong Health 7085170</i>				\$ 25.56
<i>Creditor # : 33</i> <i>I.C. Systems, Inc.</i> <i>444 Highway 96 East</i> <i>PO Box 64887</i> <i>St. Paul MN 55164-0887</i>						
Account No: 0519		<i>Strong Health</i> <i>PO Box 278998</i> <i>Rochester NY 14627-8998</i>				
<i>Representing:</i> <i>I.C. Systems, Inc.</i>						
Account No: 9310		6/29/05 <i>Medical Bills</i> <i>Strong Health</i>				\$ 45.56
<i>Creditor # : 34</i> <i>I.C. Systems, Inc.</i> <i>444 Highway 96 East</i> <i>PO Box 64887</i> <i>St. Paul MN 55164-0887</i>						
Account No: 9310		<i>Strong Health</i> <i>PO Box 278998</i> <i>Rochester NY 14627-8998</i>				
<i>Representing:</i> <i>I.C. Systems, Inc.</i>						

Sheet No. 9 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	91.12
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 1519 <i>Creditor # : 35 I.C. Systems, Inc. 444 Highway 96 East PO Box 64887 St. Paul MN 55164-0887</i>		9/16/03 <i>Medical Bills Strong Health #: 7085170</i>				\$ 70.00
Account No: 1519 <i>Representing: I.C. Systems, Inc.</i>		 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Account No: 2037 <i>Creditor # : 36 Kaufmann's Attn: Bankruptcy Dept. PO Box 66955 St. Louis Missouri 63166</i>		12/1990 <i>Credit Card Purchases RMA Acct: 6551248</i>				\$ 165.56
Account No: 2037 <i>Representing: Kaufmann's</i>		 <i>Risk Management Alternatives, PO Box 105236 Atlanta GA 30348</i>				
Account No: 9767 <i>Creditor # : 37 Lifetime Health Joseph C. Wilson Center 800 Carter Street Rochester NY 14621</i>		7/18/02 <i>Medical Bills</i>				\$ 201.81
Account No: 2584 <i>Creditor # : 38 Lifetime Health Medical Group PO Box 67320 Rochester NY 14617</i>		11/19/04 <i>Medical Bills</i>				\$ 20.00

Sheet No. 10 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	457.37
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	Code b o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent Unliquidated	Disputed	Amount of Claim
					H--Husband W--Wife J--Joint C--Community
Account No:					\$ 392.00
<i>Creditor # : 39 Loving Touch Day Care 395 Spencerport Road Rochester NY 14606</i>		<i>Child care</i>			
Account No:		2004			\$ 9.22
<i>Creditor # : 40 Mac's II 3301 Brighton-Henrietta TL Rd Rochester NY 14623</i>					
Account No: 2930		9/12/05			\$ 452.00
<i>Creditor # : 41 Monroe Co Catholic Schools PO Box 1750 Buffalo NY 14240</i>					
Account No: 2002		7/21/05 <i>Assistance Outstanding Claims for PAADCHR ASST-GRP 86034</i>			\$ 334.76
<i>Creditor # : 42 Monroe County Dept of Human & Accounts Receivable PO Box 22993 Rochester NY 14692</i>					
Account No: 1621		1/12/04 <i>Insurance 39FF4N Collection for Progressive Insurance</i>			\$ 111.39
<i>Creditor # : 43 NCO Financial Systems, Inc. PO Box 41457 Philadelphia PA 19101-1457</i>					
Account No: 1621		<i>Progressive Insurance PO Box 6807 Cleveland OH 44101</i>			
<i>Representing: NCO Financial Systems, Inc.</i>					

Sheet No. 11 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

1,299.37

Total \$

(Report total also on Summary of Schedules)

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 6853		2/6/05 <i>Medical Bills</i>				\$ 258.46
<i>Creditor # : 44 Park Ridge Hospital Unity Health System C/O G.P.O. Box 26201 New York NY 10087-6201</i>						
Account No: 2564		7/2005 <i>Statement of Account</i>				\$ 14.98
<i>Creditor # : 45 Quick Cooking Reiman Publications PO Box 992 Greendale WI 53129-0992</i>						
Account No: 1506		2/26/03 <i>Utility Bills</i> NCO Financial Acct: 82H8EX / 605448700				\$ 800.16
<i>Creditor # : 46 Rochester Gas & Electric 89 East Avenue Rochester NY 14649</i>						
Account No: 1506		<i>NCO Financial Systems PO Box 41457 Philadelphia PA 19101-1457</i>				
<i>Representing: Rochester Gas & Electric</i>						
Account No: 1401		7/19/02 <i>Medical Bills</i> JP Recovery File#: 3497375				\$ 50.00
<i>Creditor # : 47 Rochester General Hospital P.O. Box 10758 Rochester NY 14610-0758</i>						
Account No: 1401		<i>JP Recovery Services, Inc. PO Box 16749 Rocky River OH 44116-0749</i>				
<i>Representing: Rochester General Hospital</i>						

Sheet No. 12 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	1,123.60
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 4994 <i>Creditor # : 48 Rochester General Hospital P.O. Box 10758 Rochester NY 14610-0758</i>	H--Husband W--Wife J--Joint C--Community	6/23/02 <i>Medical Bills JP Recovery File #: 3497375</i>				\$ 25.00
Account No: 4994 <i>Representing: Rochester General Hospital</i>		<i>JP Recovery Services, Inc. PO Box 16749 Rocky River OH 44116-0749</i>				
Account No: 10-B <i>Creditor # : 49 Rochester Management, Inc. Rochester Civic Housing Corp 35 Ramona Park Rochester NY 14615</i>		1/12/05 <i>Arrearage on Executory Contract The Credit Bureau #: 4492012</i>				\$ 1,655.55
Account No: 10-B <i>Representing: Rochester Management, Inc.</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: <i>Creditor # : 50 Schultz Management, Inc. 14 Elm Street Bloomfield NY 14469</i>		8/9/05 <i>Arrearage on Executory Contract 11 Sterling Sq</i>				\$ 1,365.00
Account No: 9692 <i>Creditor # : 51 Southern Management Syst 625-C Herndon Ave Orlando FL 32803</i>	J	7/2001 <i>Original Creditor Cypress Pointe Acct: 1116006000004</i>				\$ 2,432.00
Sheet No. <u>13</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) Total \$ (Report total also on Summary of Schedules)	5,477.55

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 9692						
<i>Representing:</i> <i>Southern Management Syst</i>		<i>Cypress Pointe Apartments 4030 Dijon Drive Orlando FL 32808</i>				
Account No: 6997		7/2001				\$ 2,432.00
<i>Creditor # : 52</i> <i>Southern Management Syst</i> <i>625-C Herndon Ave</i> <i>Orlando FL 32803</i>		<i>Participant on Account; Original Creditor: 09 Cypress Pointe I</i>				
Account No: 6997						
<i>Representing:</i> <i>Southern Management Syst</i>		<i>Cypress Pointe Apartments 4030 Dijon Drive Orlando FL 32808</i>				
Account No: 5510		8/11/03				\$ 411.73
<i>Creditor # : 53</i> <i>Sprint PCS</i> <i>2001 Edmund Halley Dr</i> <i>Reston VA 20191</i>		<i>Utility Bills AFNI Acct: 006734143-01 RCO Acct: 81053151</i>				
Account No: 5510						
<i>Representing:</i> <i>Sprint PCS</i>		<i>AFNI, Inc. 404 Brock Drive PO Box 3517 Bloomington IL 61702-3517</i>				
Account No: 5510						
<i>Representing:</i> <i>Sprint PCS</i>		<i>Receivable Collection Operatio 6373 E. Tanque Verde Rd Ste 20 PO Box 32500 Tucson AZ 85751-2500</i>				
Sheet No. 14 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal \$ (Total of this page)		2,843.73
				Total \$ (Report total also on Summary of Schedules)		

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 5510		<i>Omnimum Services/DBA Rec 7171 Mercy Road Su Omaha NE 68106</i>				
Representing: <i>Sprint PCS</i>						
Account No: 5164		<i>Medical Bills The Credit Bureau #: 2526206</i>				\$ 147.12
Creditor # : 54 St. Mary's Hospital 89 Genesee Street Rochester NY 14611						
Account No: 5164		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Representing: <i>St. Mary's Hospital</i>						
Account No: 0136		<i>7/24/02 Bad Check CK 112 JBC #: FH3720</i>				\$ 52.39
Creditor # : 55 Staples 71 1370 W. Ridge Road Rochester NY 14615						
Account No: 0136		<i>JBC Legal Group, P.C. 2 Broad Street, 6th Flr Bloomfield NJ 07003-2550</i>				
Representing: <i>Staples 71</i>						
Account No: 0136		<i>7/25/02 Bad Check CK113 JBC #: FH3720</i>				\$ 40.51
Creditor # : 56 Staples 71 1370 W. Ridge Road Rochester NY 14615						

Sheet No. 15 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	240.02
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0136		<i>JBC Legal Group, P.C. 2 Broad Street, 6th Flr Bloomfield NJ 07003-2550</i>				
Representing: <i>Staples 71</i>						
Account No: 4523		<i>6/24/03 Medical Bills</i>				\$ 20.00
Creditor # : 57 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 4523		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						
Account No: 5170		<i>6/24/03 Medical Bills</i>				\$ 20.00
Creditor # : 58 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 5170		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						
Account No: 1961		<i>2/22/05 Medical Bills Services provided on 1/12/05 and 1/17/05</i>				\$ 10.00
Creditor # : 59 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						

Sheet No. 16 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	50.00
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 1961		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						
Account No: 1961		<i>John C. Dickinson MD 885 So Avenue Rochester NY 14620</i>				
Representing: <i>Strong Health</i>						
Account No: 5170		<i>8/30/04 Medical Bills</i>				\$ 20.00
Creditor # : 60 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 5170		<i>6/29/04 Medical Bills Services provided 3/29/04, 4/19/04 and 5/18/04</i>				\$ 35.56
Creditor # : 61 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 5170		<i>John C. Dickinson MD 885 So Avenue Rochester NY 14620</i>				
Representing: <i>Strong Health</i>						
Account No: 5170		<i>Alan Lorenz MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						

Sheet No. 17 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	55.56
Total \$ (Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 5170		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						
Account No: 5170		<i>10/29/03 Medical Bills</i>				\$ 20.00
Creditor # : 62 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 5170		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						
Account No: 4523		<i>7/24/03 Medical Bills</i>				\$ 20.00
Creditor # : 63 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 4523		<i>4/14/03 Medical Bills</i>				\$ 20.00
Creditor # : 64 <i>Strong Health PO Box 278998 Rochester NY 14627-8998</i>						
Account No: 4523		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Representing: <i>Strong Health</i>						

Sheet No. 18 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	60.00
Total \$ (Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 4523 <i>Creditor # : 65 Strong Health PO Box 278998 Rochester NY 14627-8998</i>		3/26/03 <i>Medical Bills</i>				\$ 15.00
Account No: 4523 <i>Creditor # : 66 Strong Health PO Box 278998 Rochester NY 14627-8998</i>		12/03/02 <i>Medical Bills</i>				\$ 15.00
Account No: 4523 <i>Representing: Strong Health</i>		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Account No: 5170 <i>Creditor # : 67 Strong Health PO Box 278998 Rochester NY 14627-8998</i>		12/03/02 <i>Medical Bills</i>				\$ 15.00
Account No: 5170 <i>Representing: Strong Health</i>		<i>Deborah Pierce MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998</i>				
Account No: 5170 <i>Creditor # : 68 Strong Health PO Box 278998 Rochester NY 14627-8998</i>		11/29/02 <i>Medical Bills</i>				\$ 695.00

Sheet No. 19 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	740.00
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	Code b o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent Unliquidated	Disputed	Amount of Claim
					H--Husband W--Wife J--Joint C--Community
Account No: 5170		Deborah Pierce MD C/O Strong Health PO Box 278998 Rochester NY 14627-8998			
Representing: Strong Health					
Account No: 3512		11/14/01 Medical Bills			\$ 70.00
Creditor # : 69 Strong Health PO Box 278998 Rochester NY 14627-8998					
Account No: 1961		11/15/03 Medical Bills			\$ 5.00
Creditor # : 70 Strong Health PO Box 278998 Rochester NY 14627-8998					
Account No: 1961		Thomas B. Verme MD c/o Strong Health PO Box 278998 Rochester NY 14627-8998			
Representing: Strong Health					
Account No: 4111		10/22/04 Medical Bills			\$ 52.60
Creditor # : 71 Strong Health/Eastman Dental 625 Elmwood Ave Rochester NY 14620					
Account No: 8401		5/24/02 Medical Bills			\$ 77.00
Creditor # : 72 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772					

Sheet No. 20 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 8401		<i>Strong Memorial Hospital Patient Accounts 610 Elmwood Avenue Rochester NY 14642</i>				
<i>Representing: Strong Memorial Hospital</i>						
Account No: 9514		<i>12/01/04 Medical Bills</i>				\$ 20.00
<i>Creditor # : 73 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>						
Account No: 7001		<i>Medical Bills The Credit Bureau #: 4638702</i>				\$ 16.42
<i>Creditor # : 74 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>						
Account No: 7001		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
<i>Representing: Strong Memorial Hospital</i>						
Account No: 0601		<i>8/25/05 Medical Bills</i>				\$ 195.00
<i>Creditor # : 75 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>						
Account No: 0601		<i>Strong Memorial Hospital Patient Accounts 610 Elmwood Avenue Rochester NY 14642</i>				
<i>Representing: Strong Memorial Hospital</i>						
Sheet No. 21 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal \$ (Total of this page)		231.42
				Total \$ (Report total also on Summary of Schedules)		

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 7601 <i>Creditor # : 76 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>		5/18/04 <i>Medical Bills Credit Bureau ending in 6001/ 4374870</i>				\$ 30.00
Account No: 7601 <i>Representing: Strong Memorial Hospital</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 4750 <i>Creditor # : 77 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>		5/18/04 <i>Medical Bills Credit Bureau Ref ending in 0001/ 4402220</i>				\$ 12.10
Account No: 4750 <i>Representing: Strong Memorial Hospital</i>		<i>Strong Memorial Hospital Patient Accounts 610 Elmwood Avenue Rochester NY 14642</i>				
Account No: 4750 <i>Representing: Strong Memorial Hospital</i>		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Account No: 0201 <i>Creditor # : 78 Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>		8/13/02 <i>Medical Bills</i>				\$ 23.00

Sheet No. 22 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	65.10
(Total of this page)	
Total \$	
(Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0201		<i>Strong Memorial Hospital Patient Accounts 610 Elmwood Avenue Rochester NY 14642</i>				
Representing: <i>Strong Memorial Hospital</i>						
Account No: 9901		<i>11/23/02 Medical Bills The Credit Bureau #: 3882159</i>				\$ 25.00
Creditor # : 79 <i>Strong Memorial Hospital Church Street Station PO Box 6772 New York NY 10249-6772</i>						
Account No: 9901		<i>Strong Memorial Hospital Patient Accounts 610 Elmwood Avenue Rochester NY 14642</i>				
Representing: <i>Strong Memorial Hospital</i>						
Account No: 9901		<i>The Credit Bureau Collection Division 19 Prince Street Rochester NY 14607</i>				
Representing: <i>Strong Memorial Hospital</i>						
Account No: 7714		<i>6/12/03 Utility Bills Mercantile #: 20857714 / 4426707</i>				\$ 258.00
Creditor # : 80 <i>Time Warner Cable 71 Mt. Hope Avenue Rochester NY 14620-1090</i>						
Account No: 7714		<i>Mercantile Adjustment Bureau PO Box 9315A Rochester NY 14604</i>				
Representing: <i>Time Warner Cable</i>						

Sheet No. 23 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	283.00
Total \$ (Report total also on Summary of Schedules)	

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 9638 <i>Creditor # : 81 T-Mobile 2680 W. Ridge Road Rochester NY 14626</i>		6/17/04 <i>Utility Bills AmSher Acct: 3382914 V&K Acct: 374452901</i>				\$ 408.26
Account No: 9638 <i>Representing: T-Mobile</i>		<i>AmSher Collection Services 1816 3rd Avenue North Birmingham AL 35203-3102</i>				
Account No: 9638 <i>Representing: T-Mobile</i>		<i>Law Off. of Gary S. Olshan, PC PO Box 2030 Birmingham AL 35202-2807</i>				
Account No: 9638 <i>Representing: T-Mobile</i>		<i>Valentine & Kebartas Inc. 15 Union St., Ste 6 Lawrence MA 01840-1823</i>				
Account No: 6207 <i>Creditor # : 82 TMS 5792 Widewaters Parkway Dewitt NY 13214</i>		<i>9/15/02 Medical Bills Highland Hospital</i>				\$ 26.46
Account No: 3424 <i>Creditor # : 83 US Datanet Corporation c/o Solomon and Somomon PC 5 Columbia Circle, Box 15019 Albany NY 12212-5019</i>		<i>3/23/2004 Utility Bills Solomon File: 15551423</i>				\$ 130.34
Sheet No. 24 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page)	565.06
					Total \$ (Report total also on Summary of Schedules)	

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	Code b o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 3424		Solomon and Solomon, PC 5 Columbia Circle, Box 15019 Albany NY 12212-5019				
Representing: US Datanet Corporation						
Account No: 3020		5/1996 Student Loan Balance as of 7/20/05				\$ 7,128.00
Creditor # : 84 US Dept. of Education Atlanta Federal Center Tower 61 Forsyth St, SW; Rm 19T89 Atlanta GA 30303						
Account No: 3020		Direct Loan Servicing Center PO Box 4609 Utica NY 13504-4609				
Representing: US Dept. of Education						
Account No: 2010		5/1996 Student Loan Balance as of 7/20/05				\$ 16,460.00
Creditor # : 85 US Dept. of Education Atlanta Federal Center Tower 61 Forsyth St, SW; Rm 19T89 Atlanta GA 30303						
Account No: 2010		Direct Loan Servicing Center PO Box 4609 Utica NY 13504-4609				
Representing: US Dept. of Education						
Account No: ury		2005 Day Care				\$ 2,145.30
Creditor # : 86 VOA Children's Center@ State St 119 State Street Rochester NY 14614						

Sheet No. 25 of 26 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

In re *Monica Scott Curry*

/ Debtor

Case No.

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Sheet No. 26 of 26 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal \$
(total of this page)

Total \$

75 753 93

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<i>Credit Acceptance Corporation 25505 W. 12 Mile Road Southfield MI 48034</i>	<p>Contract Type: Vehicle lease Terms: 31 Month Lease ending December 13, 2006 Beginning date: Debtor's Interest: Description: 2000 Mercury Automobile currently in the possession and control of debtor's spouse, David Curry Buyout Option:</p>
<i>Schultz Management 1 Marburger Street Rochester NY 14621</i>	<p>Contract Type: Residential lease Terms: January 1, 2005- December 31, 2005 Beginning date: Debtor's Interest: Description: Debtor's current residence 11 Sterling Square Buyout Option:</p>

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor
<i>David Curry 10 Wentworth Rochester NY</i>	<i>Credit Acceptance Corporation Walter Coats-Cre 25505 W 12 Mile Rd Southfield MI 48234</i>

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: Separated	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP <i>Son</i> <i>Son</i>	AGE <i>4</i> <i>2</i>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	<i>Phlebotomist Technician</i>	
Name of Employer	<i>Rochester General Hospital</i>	
How Long Employed	<i>8 months</i>	
Address of Employer	<i>1425 Portland Avenue Rochester NY 14621-3095</i>	
Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current Monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ <i>1,528.58</i>	\$ <i>0.00</i>
Estimated Monthly Overtime	\$ <i>0.00</i>	\$ <i>0.00</i>
SUBTOTAL	\$ <i>1,528.58</i>	\$ <i>0.00</i>
LESS PAYROLL DEDUCTIONS		
a. Payroll Taxes and Social Security	\$ <i>165.39</i>	\$ <i>0.00</i>
b. Insurance	\$ <i>0.00</i>	\$ <i>0.00</i>
c. Union Dues	\$ <i>0.00</i>	\$ <i>0.00</i>
d. Other (Specify):	\$ <i>0.00</i>	\$ <i>0.00</i>
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <i>165.39</i>	\$ <i>0.00</i>
TOTAL NET MONTHLY TAKE HOME PAY	\$ <i>1,363.19</i>	\$ <i>0.00</i>
Regular income from operation of business or profession or farm (attach detailed statement)	\$ <i>0.00</i>	\$ <i>0.00</i>
Income from Real Property	\$ <i>0.00</i>	\$ <i>0.00</i>
Interest and dividends	\$ <i>0.00</i>	\$ <i>0.00</i>
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <i>0.00</i>	\$ <i>0.00</i>
Social Security or other government assistance		
Specify: <i>Social Security Supplemental</i>	\$ <i>602.00</i>	\$ <i>0.00</i>
Pension or retirement income	\$ <i>0.00</i>	\$ <i>0.00</i>
Other monthly income		
Specify: <i>Child Support</i>	\$ <i>485.90</i>	\$ <i>0.00</i>
TOTAL MONTHLY INCOME	\$ <i>2,451.09</i>	\$ <i>0.00</i>
TOTAL COMBINED MONTHLY INCOME	\$ <i>2,451.09</i>	
(Report also on Summary of Schedules)		

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Social Security is for dependent child

In re Monica Scott Curry

/ Debtor

Case No. _____

(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	600.00
Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Utilities: Electricity and heating fuel	\$	
Water and sewer	\$	0.00
Telephone	\$	50.00
Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
Home maintenance (Repairs and upkeep)	\$	0.00
Food	\$	400.00
Clothing	\$	100.00
Laundry and dry cleaning	\$	40.00
Medical and dental expenses	\$	0.00
Transportation (not including car payments)	\$	45.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)	\$	
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	0.00
Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage)	\$	
Specify:	\$	0.00
Installment payments: (in chapter 12 and 13 cases, do not list payments to be included in the plan)	\$	
Auto	\$	0.00
Other: Auto Lease	\$	0.00
Other:	\$	0.00
Other:	\$	0.00
Alimony, maintenance, and support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other: Day Care	\$	1,345.90
Other:	\$	0.00
Other:	\$	0.00
TOTAL MONTHLY EXPENSES	(Report also on Summary of Schedules)	\$ 2,740.90

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

In re **Monica Scott Curry**Case No.
Chapter 7

/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages on each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 700.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 5,699.00	
E-Creditors Holding Unsecured Priority Claims	Yes	2		\$ 2,076.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	27		\$ 75,753.92	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,451.09
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,740.90
Total Number of Sheets in All Schedules ►		39			
			Total Assets ► \$ 700.00		
			Total Liabilities ► \$ 83,528.92		

In re Monica Scott Curry / Debtor Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10/12/2005

Signature /s/ Monica Scott Curry
Monica Scott Curry

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

In re **Monica Scott Curry**Case No.
Chapter 7_____
/ Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.

2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. Property to Be Surrendered.

Description of Property	Creditor's Name
None	

b. Property to Be Retained.

[Check any applicable statement.]

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None				

Signature of Debtor(s)

Date: 10/12/2005Debtor: /s/ Monica Scott CurryDate: 10/12/2005

Joint Debtor: _____

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

In re *Monica Scott Curry*
aka Monica Gerene Curry aka Monica G. Curry
aka Monica Jurene Curry aka Monica J. Curry
aka Monica G. Scott
aka Monica J. Scott

Case No.
Chapter 7

/ Debtor

Attorney for Debtor: *Joseph D. Rinere*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 600.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 400.00
 - c) The unpaid balance due and payable is \$ 200.00
3. \$ 209.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *10/12/2005*

Respectfully submitted,

X/s/ Joseph D. Rinere
Attorney for Petitioner: *Joseph D. Rinere*
Joseph D. Rinere, Esq.
798 Executive Office Building
36 West Main Street
Rochester NY 14614

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

In re **Monica Scott Curry**

aka Monica Gerene Curry aka Monica G. Curry
aka Monica Jurene Curry aka Monica J. Curry
aka Monica G. Scott
aka Monica J. Scott

Case No.

Chapter 7

/ Debtor

Attorney for Debtor: **Joseph D. Rinere**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 10/12/2005

/s/ Monica Scott Curry

Debtor

Credit Acceptance Corp
PO Box 55000, Dept 18801
Detroit, MI 48255-1888

NYS Department of Labor
Claims Service
PO Box 611
Albany, NY 12201-0611

AFNI, Inc.
404 Brock Drive
PO Box 3517
Bloomington, IL 61702-3517

Alan Lorenz MD
c/o Strong Health
PO Box 278998
Rochester, NY 14627-8998

Allied Interstate, Inc.
PO Box 361774
Columbus, OH 43236

AmSher Collection Services
1816 3rd Avenue North
Birmingham, AL 35203-3102

Asset Acceptance Corp
PO Box 2036
Warren, MI 48090-9931

Asset Acceptance LLC
PO Box 44426
Baltimore, MD 21236-6426

Asset Acceptance LLC
PO Box 2036
Warren, MI 48090-2036

Bally Total Fitness
PO Box 1070
Norwalk, CA 90651-1070

Bureau of Parking Violations
City of Rochester, NY
42 South Avenue
Rochester, NY 14604-1794

Capital One Bank
4851 Cox Rd. #1203
Glen Allen, VA 23060

Chase Manhattan Bank, USA, N.A
Attn: R. Smith, VP & Counsel
One Chase Square
Rochester, NY 14643

Chrysler Financial Payment Cen
PO Box 551080
Jacksonville, FL 32255

Corporate Collection Svc
23220 Chagrin Blvd., 4th FL
Beachwood, OH 44122-5408

Credit Acceptance Corporation
Walter Coats-Cre
25505 W 12 Mile Rd
Southfield, MI 48234

Cypress Pointe Apartments
4030 Dijon Drive
Orlando, FL 32808

Deborah Pierce MD
C/O Strong Health
PO Box 278998
Rochester, NY 14627-8998

Direct Loan Servicing Center
PO Box 4609
Utica, NY 13504-4609

Direct Loans Svc System
PO Box 4609
Utica, NY 13504-4609

ESL Federal Credit Union
100 Kings Highway South
Suite 1200
Rochester, NY 14617-5598

Frank, Frank, Goldstein & Nage
460 Park Avenue South
New York, NY 10016

Frontier Telephone of Rochester
Bankruptcy Administrator
180 S. Clinton Ave.
Rochester, NY 14646-0300

Highland Hospital of Rochester
Patient Accounts-Box 76
1000 South Avenue
Rochester, NY 14620-2782

I C System Collections
PO Box 64378
St. Paul, MN 55164-0378

I.C. Systems, Inc.
444 Highway 96 East
PO Box 64887
St. Paul, MN 55164-0887

JBC Legal Group, P.C.
2 Broad Street, 6th Flr
Bloomfield, NJ 07003-2550

John C. Dickinson MD
885 So Avenue
Rochester, NY 14620

JP Recovery Services, Inc.
PO Box 16749
Rocky River, OH 44116-0749

Kaufmann's
Attn: Bankruptcy Dept.
PO Box 66955
St. Louis, Missouri 63166

Law Off. of Gary S. Olshan, PC
PO Box 2030
Birmingham, AL 35202-2807

Lifetime Health
Joseph C. Wilson Center
800 Carter Street
Rochester, NY 14621

Lifetime Health Medical Group
PO Box 67320
Rochester, NY 14617

Loving Touch Day Care
395 Spencerport Road
Rochester, NY 14606

Mac's II
3301 Brighton-Henrietta TL Rd
Rochester, NY 14623

Mercantile Adjustment Bureau
PO Box 9315A
Rochester, NY 14604

Monroe Co Catholic Schools
PO Box 1750
Buffalo, NY 14240

Monroe County Dept of Human &
Accounts Receivable
PO Box 22993
Rochester, NY 14692

NCO Financial Systems
PO Box 41457
Philadelphia, PA 19101-1457

NCO Financial Systems, Inc.
PO Box 41457
Philadelphia, PA 19101-1457

Omnimum Services/DBA Rec
7171 Mercy Road Su
Omaha, NE 68106

Park Ridge Hospital
Unity Health System
C/O G.P.O. Box 26201
New York, NY 10087-6201

Progressive Insurance
PO Box 6807
Cleveland, OH 44101

Quick Cooking
Reiman Publications
PO Box 992
Greendale, WI 53129-0992

Receivable Collection Operatio
6373 E. Tanque Verde Rd Ste 20
PO Box 32500
Tucson, AZ 85751-2500

Risk Management Alternatives,
PO Box 105236
Atlanta, GA 30348

Rochester Gas & Electric
89 East Avenue
Rochester, NY 14649

Rochester General Hospital
P.O. Box 10758
Rochester, NY 14610-0758

Rochester Management, Inc.
Rochester Civic Housing Corp
35 Ramona Park
Rochester, NY 14615

Schultz Management, Inc.
14 Elm Street
Bloomfield, NY 14469

Solomon and Solomon, PC
5 Columbia Circle, Box 15019
Albany, NY 12212-5019

Southern Management Syst
625-C Herndon Ave
Orlando, FL 32803

Sprint PCS
2001 Edmund Alley Dr
Reston, VA 20191

Sprint PCS
2001 Edmund Halley Dr
Reston, VA 20191

St. Mary's Hospital
89 Genesee Street
Rochester, NY 14611

Staples 71
1370 W. Ridge Road
Rochester, NY 14615

Strong Health
PO Box 278998
Rochester, NY 14627-8998

Strong Health/Eastman Dental
625 Elmwood Ave
Rochester, NY 14620

Strong Memorial Hospital
Church Street Station
PO Box 6772
New York, NY 10249-6772

Strong Memorial Hospital
Patient Accounts
610 Elmwood Avenue
Rochester, NY 14642

The Credit Bureau
Collection Division
19 Prince Street
Rochester, NY 14607

Thomas B. Verme MD
c/o Strong Health
PO Box 278998
Rochester, NY 14627-8998

Time Warner Cable
71 Mt. Hope Avenue
Rochester, NY 14620-1090

T-Mobile
2680 W. Ridge Road
Rochester, NY 14626

TMS
5792 Widewaters Parkway
Dewitt, NY 13214

US Datanet Corporation
c/o Solomon and Somomon PC
5 Columbia Circle, Box 15019
Albany, NY 12212-5019

US Dept. of Education
Atlanta Federal Center Tower
61 Forsyth St, SW; Rm 19T89
Atlanta, GA 30303

Valentine & Kebartas Inc.
15 Union St., Ste 6
Lawrence, MA 01840-1823

VOA Children's Center@ State S
119 State Street
Rochester, NY 14614

Wegmans
1885 Chili Avenue
Rochester, NY 14624

Credit Acceptance Corporation
25505 W. 12 Mile Road
Southfield, MI 48034

Schultz Management
1 Marburger Street
Rochester, NY 14621

David Curry
10 Wentworth
Rochester, NY